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ABSTRACT

The education and reeducation of health care professionals remain essential, if somewhat neglected, elements in reforming the nation's health care system. The Pew Health Professions Commission (PHPC) has made the reform of health care contingent upon the reform of education, urging educational institutions to design core curricula with interdisciplinary emphases around 17 general competencies responsive to emerging systems of health care delivery. The PHPC has recommended model core curricula through broadly based majors and minors in allied health. The National Health Care Skill Standards Project is developing connected performance and content standards that link the academic core to occupational clusters. Senior institutions can help bring postsecondary health science education into congruence with impending changes through multi-source, multi-level articulation that provides more flexible vertical and horizontal access routes for different postsecondary health science populations to more generic baccalaureate completion programs. New baccalaureate completion programs should have: (1) an enrollment design that accommodates a heterogeneous student mix from the universe of clinical areas of competency and different forms of licensure preparation; (2) a transfer credit design that maximizes access; (3) active cooperation between sending and receiving institutions in curriculum planning; and (4) a broadly integrated view of the entire health care delivery system. A description of the use of this approach by Franklin University and Columbus State Community College is included. (KP)

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Multi-Source, Multi-Level Articulation in the Era of Health Reform: Articulating the Health Sciences to Health Services Administration Baccalaureate Programs

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Paper presented at the Annual Meeting of the North Central Association (100th, Chicago, IL, March 26-29, 1995)

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"Multi-Source, Multi-Level Articulation in the Era of Health Reform: Articulating the Health Sciences to Health Services Administration Baccalaureate Programs"*

So far, higher education has escaped intense public scrutiny in the policy debates about the escalating costs of healthcare (O'Neil, 1993; Pew Commission, 1993; Horton and Knopp, 1994). Nonetheless, the education and reeducation of healthcare professionals remains an essential if somewhat neglected element in reforming the healthcare system. The authors of this paper believe that colleges and universities can not afford to delay any further the debate within and between our institutions about changes required in healthcare practitioner education in an era of healthcare reform. It is our contention that new articulation dynamics will emerge from these programmatic changes, easing some of the persistent problems that have bedeviled inter-institutional articulation in the health sciences for the past quarter century or more.

The healthcare public policy debates have already joined the issues of education and workplace reform. The Pew Health Professions Commission's publication Contemporary Issues in Health Professions Education and Workplace Reform delineates 13 major issues critical to healthcare reform. All 13 have implications for the reform of healthcare education as well for the delivery of healthcare. The Pew commissioners bluntly make the reform of care contingent upon the reform of education. For example, Issue 4 states without reservation that: "Without continuous exchange between the education and care delivery system, health care reform is impossible" (O'Neil, 1993, p. 3). Issue 3 criticizes the schools for "not producing providers with all the competencies to meet the needs of the health care system in the 21st century" (p. 2). Issue 6 notes that the accreditation of healthcare education programs impedes healthcare reform and Issue 13 cites "educational insularity" (p. 6), in particular, for contributing to the difficulties of developing and implementing interdisciplinary training and practice models.

*Presented at the Annual Meeting of the North Central Association, March 26, 1995.

An earlier Pew report entitled Health Professions for the Future was pointedly subtitled Schools In Service To The Nation. In that report, the Commissioners called attention explicitly to the education and reeducation of healthcare workers as the missing element in the great public debate about reform. They urged educational institutions to design core curricula with interdisciplinary emphases around 17 general competencies that would respond to emerging systems of healthcare delivery by integrated teams of professional.

Generalist-interdisciplinary curriculum orientations do not come easily to schools and programs that have striven for several decades to accommodate the standardizing and leveling external influences of programmatic accreditation, licensure, and accreditation. The aim of these external standardizing influences was to provide public reassurance about the quality of specialized care through academic uniformity from school to school. For the schools, the outcomes have included the construction of educational barriers that make it difficult for us to change--that make it difficult for us to identify the general that undergirds the particulars we must teach, that makes it difficult for us to award collegiate credit for comparable non-collegiate academic work, and that make it difficult for us to create baccalaureate programs that accommodate those educated in two-year or less-than-two-year postsecondary formats.

Two- and four-year programs, however, have an enormous stake in healthcare education and, therefore, healthcare reform. The US Bureau of Labor Statistics projects that employment in the health professions will account for 12 percent of total job growth between 1992 and 2003. In Vital Signs for the Academy and the Health Professions, Horton and Knopp point out that by 2003, healthcare positions will increase nationally by 42 percent. In 1991-92, degrees in the health professions accounted already for 9 percent of all degrees conferred and 16 percent of all associate degrees. In addition, forty-one percent (79,453) of the degrees awarded in the health professions that academic year were at the associate level, a fact of some consequence to community colleges and other two-year providers.

The healthcare policy debates have joined academic reform to delivery reform in ways that render traditional concerns about associate to baccalaureate degree health science program articulation as we knew it (or did not know it, depending on your perspective) a phenomenon of the past. In the "good old days" (or "bad old days," depending on your perspective), those engaged in efforts to articulate two- and four-year health science programs faced the daunting task of trying to make the incompatible compatible. Despite these good faith efforts, most students in the health sciences with a two-year degree have inevitably had to acquire more credit hours to obtain a four-year degree in the same area of specialization than students who started and completed their baccalaureate at a four-year institution. This has been true especially in nursing and

certain allied health fields where professional associations have prescribed more or less non-parallel education and training in two- and four-year programs. In some cases, incompatible two- and four-year program tracks sought deliberately to perpetuate and preserve the hierarchical nature of practice within medical fields and the segregated nature of practice among them.

Recent policy initiatives, however, suggest a more different articulation future for health science education programs consistent with medical delivery reform. Two deserve special notice here. The Pew Health Professions Commission has recommended implementation of model core curricula through more broadly based majors and minors in allied health within categories such as critical care, administration, rehabilitation, and diagnostic science. The federally funded National Health Care Skill Standards Project (NHCSSP) directed by Far West Laboratory represents a "collaborative endeavor among health services, labor, and the education community to better prepare tomorrow's health care worker by developing skill standards today" (Far West Laboratory, vii) at the career-entry, technical, pre-baccalaureate levels.

The NHCSS Project is in the process of defining a health care core of foundation skills for all health services which would form the basis for four occupational clusters. They have divided the cluster concentrations into therapeutic, diagnostic, information services, and environmental services. Before attempting **performance** standards, the NHCSSP has proposed a set of **content** standards that connect the healthcare academic core to the occupational clusters. For example, the healthcare core would emphasize several elements common to every disciplinary curriculum. These include the academic foundation of healthcare common to all healthcare workers, methods of communicatis, and understanding of the systems environment in which healthcare professionals will work. They also include teaching the employability skills needed to enhance employment opportunities and upgrade skills. They include as well understanding of healthcare workers' legal responsibilities, their ethical responsibilities, safety policies and standards, and the interpersonal dynamics of healthcare teams and organizations. The different therapeutic/diagnostic cores would then build from the generic core, depending on students' selection of a diagnostic or a therapeutic emphasis. For example, the specialized cores would emphasize elements like health maintenance practices, client interactions, intra-team communication, the monitoring of client status, and the tracking of client movement with further refinement within more specific disciplinary contexts.

What are the implications of these proposed changes in entry level health science programs for educational continuity to the baccalaureate? We believe that despite such generic core emphases, most allied health education will remain inevitably very specialized at the entry level of preparation because of the increasing sophistication of medical technology. At the same

time, the nature of practice itself is changing to involve more technicians and professionals in the performance of certain more basic medical care activities. For example, the scaling down of healthcare to help contain costs means that more highly trained nurses will likely perform some of the services performed traditionally by physicians while allied health technicians will likely replace nurses in the performance of certain other kinds of medical work. This trend is of real consequence to two- and four-year institutions in that it suggests a vastly different conception of healthcare practitioner education at every level of preparation along a continuum that may start with but certainly does not end with the certificate or associate degree.

In general, associate and less-than-associate degree health science programs take people with no understanding of healthcare and provide them with particular disciplinary skills. However, in the emerging healthcare delivery environment, the healthcare worker's job preservation and career mobility will require more generalized education than entry level academic work in nursing and allied health can provide. Despite greatly differentiated technical education and training at the diploma, certificate, and associate levels, healthcare practitioners will seek or be required to seek less differentiated, more generalized curricula at the bachelor's level to survive the downsizing and systems approach of the new medical delivery systems.

Typically, today's array of four-year transfer options in the health sciences offers students only one alternative, that of more specialization in their chosen disciplines, usually with varying degrees of credit loss for prior learning upon transfer. However, the profession assumes that those left after downsizing already possess excellent technical skills and the professional knows that technical skills alone will no longer suffice. Where will practitioners with excellent technical skills acquire the more broadened perspectives and integrated understandings of healthcare that will help them survive in the reform environment? At some point, probably at the baccalaureate level, nursing and allied health practitioners will have to learn to balance their specialized skills with the more generic ones required of those who will work within, manage, or lead multi-competency health care units or teams. **In response, new baccalaureate programs for healthcare practitioners should add a broader rather than a deeper value to the clinical disciplinary foundation that provided entry into the profession.**

Senior institutions can help bring postsecondary education in the health sciences into congruence with the emerging and impending changes in healthcare by responding to the reformers' calls for allied health's migration from tertiary care settings to more primary community-based ones (see, for example, Pew, 42-43). They can do so **through multi-source, multi-level articulation formats that provide more flexible vertical and horizontal access routes for different postsecondary health science populations to more generic baccalaureate completion programs** like health services administration. Such programs add

the common, interdisciplinary, integrative value to different clinical disciplinary foundations in ways that reflect the common, interdisciplinary, and integrative values of today's healthcare organizations.

We emphasize that health service administration baccalaureate completion programs represent only one of many possibilities for senior institutions in the provision of career-enhancing education for heterogeneous clinical professional populations. Two other possibilities are suggested here. The first is that of associate degree allied health programs articulated to baccalaureate nursing programs. The second is an associate degree allied health program in one field that transfers into a baccalaureate degree program in another allied health specialization.

However, despite these different possible disciplinary emphases, we believe that **new baccalaureate completion programs for healthcare practitioners must share at least four characteristics in common**, as follows:

1. The first is an enrollment design that accommodates a heterogeneous student mix from the universe of clinical areas of competency and from several different postsecondary forms of preparation for licensure or certification (e.g., associate degree granting programs, hospital-based programs, military-based programs, etc.).

2. The second is a transfer credit design that maximizes access to the baccalaureate through block awards of credit for previous specialized education without further validation.

3. The third is a curriculum planning design that involves active inter-sector consulation and cooperation between sending and receiving institutions before and after academic program development.

4. The fourth is a baccalaureate completion program design that contains a broadly integrated view of the <u>entire</u> healthcare delivery system, regardless of the particular major.

This composite design overcomes the major obstacles that have so bedeviled inter-sector healthcare student transfer and program articulation. It does so by nullifying or bypassing most of the prevailing impediments emanating from the parochial nature of the various health sciences, the increasingly specialized content of allied health education wedded to practice, and the multiple routes to the first allied health and nursing credentials.

Our own story is how a two-year public and a four-year private institution used this approach. Franklin University and Columbus State Community College worked together to create a baccalaureate degree completion program in health services administration. The program provides access with advanced standing to a generalized baccalaureate degree for certified or

licensed allied health or nursing practitioners educated in a variety of different health technologies and postsecondary institutional settings.

Franklin University's Health Services Administration program was designed with Columbus State Community College and other local two-year providers to accommodate two different groups of certified or licensed health care practitioners. The first consists of those with the associate degree in allied health or nursing. The second consists of those without the degree who otherwise meet the same standards for certification or licensure within nursing or allied health. The completion program grants up to two years of college credit for previous postsecondary education and training in allied health or nursing, regardless of the source of that education. Franklin accepts the associate degree in any allied health or nursing program in toto as meeting the lower division requirements for entry into the upper division completion program in health services administration. Since Franklin does not itself offer lower division health science education programs, Columbus State evaluates the credentials of those who have graduated from accredited non-collegiate allied health programs, awards transfer credit based on their institutional criteria, and transcripts it so that it can be accepted as lower division credit by Franklin University.

These inter-institutional articulation efforts go well beyond the usual understandings between two- and four-year institutions in which the latter accepts some or all of the credits of the former from discrete programs. Both Columbus State and Franklin University help advance transfer and articulation within the entire postsecondary universe of health education providers as well as between their two different institutions. These inter-institutional effots are transfer oriented, transfer affirming, and transfer enabling. They provide advanced entry to baccalaureate education for graduates from different postsecondary formats who seek a four-year degree for career mobility but for whom a four-year degree rarely exists in their profession or for whom a four-year degree in a specialization would not be career-enhancing.

This arrangement also permits those who graduated from accredited non-collegiate programs with certification or licensure equivalent to those who graduated from accredited collegiate programs to enter a baccalaureate program with some degree of advanced standing by virtue of an inter-institutional process that transcripts and transfers credit for non-collegiate education. Franklin University and Columbus State Community College's unique articulation arrangements thereby enables a diverse constellation of health care practitioners to obtain those skills by easing their entry into a baccalaureate degree program in health services administration with advanced standing, regardless of their field of preparation or previous educational background.

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